



Accounts Receivable Credit Request Form (ARCRF)

1. Date:	Request #	2. Type of Credit <input type="checkbox"/> AGENCY <input type="checkbox"/> T-BAR (CRF) <input type="checkbox"/> OTHER		3. FUND <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 33%; border: none;">CRF</td> <td style="width: 33%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="width: 33%; border: none;">PPRF</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">SSRF</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">SSPRF</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">SGRF</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">WCRF</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">Other</td> <td colspan="2" style="border: none; border-bottom: 1px solid black;"></td> </tr> </table>		<input checked="" type="checkbox"/>	CRF	<input type="checkbox"/>	PPRF	<input type="checkbox"/>	SSRF	<input type="checkbox"/>	SSPRF	<input type="checkbox"/>	SGRF	<input type="checkbox"/>	WCRF	<input type="checkbox"/>	Other		
<input checked="" type="checkbox"/>	CRF			<input type="checkbox"/>	PPRF																
<input type="checkbox"/>	SSRF			<input type="checkbox"/>	SSPRF																
<input type="checkbox"/>	SGRF			<input type="checkbox"/>	WCRF																
<input type="checkbox"/>	Other																				
Fiscal Year	Adjustment:																				
	CREDIT																				
	DEBIT																				

4. BUREAU Use Only <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> By: _____ Date to Accounting: _____	5. DoIT Accounting Use Only <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> By: _____ Date Applied: _____ Date Returned to Bureau: _____ Memo #: _____
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6. Billing Account # to be Applied:	7. Billing Invoice # to be Applied:	8. Original Billing Account #:	9. Original Billing Invoice #:
10. Account # (AU):	11. Agency:	12. Department	
13. Vendor		14. Miscellaneous	

15. Description and Reason for Credit Adjustment	16. Cost Center	17. Amount
18. TOTAL CREDIT ADJUSTMENT:		
19. DoIT or Telephone Co. Representative Contacted:		
Telephone Number:		()
20. Person Completing Request:		
Telephone Number:		()